Drug Shop Operators Provision **of Injectable Contraception**

Companion to the Community Health Worker Provision of Injectable Contraception: An Implementation Handbook

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THE SCIENCE OF IMPROVING LIVES

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About This Handbook

This handbook was written as a companion to the Community Health Worker Provision of Injectable Contraception: An Implementation Handbook published in 2018. Like community health workers, trained and supported drug shop staff providing family planning is considered a high impact practice in family planning that can increase access to services (USAID 2013). Drug shops are being examined as a strategy for increasing access to injectable contraception as they usually provide other short-acting family planning methods.

This companion handbook, written for a global audience, provides details on how the public sector can engage better with private sector drug shops to contribute to national family planning and reproductive health goals. The handbook is intended for program managers, policymakers, and those interested in expanding community-based family planning by working with trained and accredited drug shop operators.

The handbook walks the reader through the nine components used in the Community Health Worker Provision of Injectable Contraception: An Implementation Handbook. It outlines step-by-step guidance on how to coordinate private drug shops with the public health system to safely provide an expanded method mix, including the administration of injectable contraceptives and training clients on self-injection. Special considerations and country experiences are provided for each stage of preparing, initiating, and scaling up implementation activities.

The handbook draws heavily on lessons and experiences from work done by FHI 360, the Ministry of Health Uganda and National Drug Authority Task Force on Contraceptive Injectable Provision in Drug Shops. In Uganda and many other countries, private drug shops are generally considered community-based health providers by members of the community, yet they have not been included in many national family planning strategies or policies. Uganda's implementation experience dates from 2017. It was the first country in sub-Saharan Africa to amend policy to support national scale-up of an expanded family planning method mix in drug shops, including provision and administration of injectable contraceptives and self-injection in 2019. Uganda's successful research and policy advocacy built upon the foundation of introducing and scaling up injectable provision by community health workers in years prior.

Acronyms

CHW	Community health worker
DDI	District drug inspector
DHS	Demographic and health survey
DMPA-IM	Depot-medroxyprogesterone acetate intramuscular
DMPA-SC	Depot-medroxyprogesterone acetate subcutaneous
DSO	Drug shop operator
FP	Family planning
HMIS	Health Management Information Systems
IM	Intramuscular
MOH	Ministry of Health
SI	Self-injection
VHT	Village health team

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Introduction

Private drug shops present an opportunity to expand access to a range of family planning (FP) methods because they are located in communities—often closer to people's homes than public health facilities. However, these service delivery points have yet to be integrated into health systems so that their role in FP provision and self-care can be understood, and their services supervised, monitored for quality assurance, and routinely reported.

In many low- and middle-income countries, drug shop operators (DSOs) are more numerous than pharmacies, have fewer training requirements, and can only sell pre-packaged over-the-counter medicines. Pharmacies usually require a trained pharmacist and are allowed to sell both prescription and over-the-counter medicines (Riley et al. 2017), whereas the minimum education and training rules vary widely for drug shop personnel by country. Drug shops serve as an important service delivery point for several short-acting family planning methods and although this handbook focuses on increasing FP access through the addition of injectables to the method mix, the steps can apply to other methods that countries wish to make available through drug shops and include valuable insights for improving the coordination and quality of existing drug shop FP services.

Uganda's Ministry of Health (MOH) and the primary regulatory authority—National Drug Authority (NDA), with technical support from the United States Agency for International Development (USAID) Advancing Partners & Communities Project, commissioned an implementation science study that introduced training, supervision, and reporting for selected drug shops providing an expanded FP method mix for one year. Scale-up continued under a special waiver that allowed drug shop operators who were working with implementing partners to provide injectables until a policy shift allowing trained DSOs to provide injectables was achieved. This handbook captures Uganda's key developments and lessons in the advocacy process to support this community-based service-delivery channel, along with highlights from other countries' experiences with drug shop[1] operator provision of health services. The nine program components described mirror the components in the CHW handbook and are relevant for any FP program seeking to increase access to high-quality services by working with drug shops.

[1] Drug shop is a generic term used to describe lower-tier retail outlets with no pharmacist on staff that sell over-the-counter drugs, chemical products, and household remedies (also known as licensed chemical sellers, chemist, patent and proprietary medicine vendors, accredited drug distribution outlets, etc.) (Riley et al. 2017).

The 9 components

The nine components needed to establish a program to distribute injectable contraceptives through private sector drug shops.

Component 1. Determine the need for DSO provision of injectables and self-injection (SI)

Component 2. Evaluate the potential costs for adding DSO provision of injectables and SI to community-based family planning services

Component 3. Integrate DSO provision of injectables and SI into national policy and service guidelines

Component 4. Mobilize the community and raise awareness about the service

Component 5. Ensure a logistical system that supports proper waste management and a steady provision of supplies

Component 6. Train DSOs to provide the service

Component 7. Establish Systems for Supportive Supervision

Component 8. Document and share processes and outcomes

Component 9. Ensure successful scale-up

The nine components are all important and interrelated aspects of a FP program or initiative working with drug shops to expand and improve the FP services they can offer. However, these steps are not necessarily sequential, and this handbook should not be used as a "recipe" that must be followed exactly. Programs may ensure the logistical system (component 5) and establish supportive supervision requirements (component 7) during the planning stage, at the same time they are evaluating potential costs (component 2). Integrating DSO provision of injectables and SI into national policy and service guidelines (component 3) may continue happening over the course of many months or years. The driving force behind the accomplishment of the components will be a core group of stakeholders, whose formation is described in component 1.

Component 1

Determine the need for drug shop operator (DSO) provision of injectables and self-injection (SI)

Component 1

Determine the need for drug shop operator (DSO) provision of injectables and self-injection (SI)

Most drug shops currently offer a range of short-term FP methods including pills, condoms, emergency contraceptive pills, and sometimes cycle beads. In many countries, drug shops also purchase injectables to sell, and DSOs may perform injections even if the national sexual and reproductive health policy does not authorize them to do so. It is difficult to estimate how many women have obtained injectables or other FP methods from drug shops, as even the DHS women's questionnaire does not include drug shop or drug seller among the choices for source of FP (private clinic and pharmacy are listed among the private sector sources and shop is listed as a choice under "other source"). However, this is now added in Performance Monitoring and Accountability Surveys (PMA) in some countries. For these reasons, it is critical for national and local stakeholders to determine the feasibility and need to work with DSOs to establish or improve the provision of FP injectables and self-injection in private drug shops and/or pharmacies.

Evidence shows that with appropriate training and support, DSOs can facilitate the use of modern contraception, including the safe administration of intramuscular and subcutaneous depot-medroxyprogesterone acetate (DMPA-IM and DMPA-SC). Drug shop provision of an expanded method mix can increase FP access and use particularly in urban slums and rural areas where the unmet need is high, access is poor, and health-worker shortages and other barriers prevent men, women, and youth from accessing FP services (Chace Dwyer et al. 2018; USAID 2013; Stanback et al. 2011). The medical feasibility and acceptability of this practice is now accepted, and it is an FP High Impact Practice.

Studies establish the feasibility and acceptability of expanding the method mix in drug shop

Several studies in Uganda over the last 10 years have laid the groundwork for expanding the method mix in drug shops as well as for introducing DMPA-SC and SI. Feasibility studies established that drug shops are an important source of FP, and that DSOs can safely provide FP injections and train women on self-injection.

Following the introduction of DMPA-IM in the CHW program, the Uganda MOH and NDA formed a task force with implementing partners to roll out and monitor the introduction and scale-up of drug shop provision of injectables.

Trained DSOs were authorized to sell and inject DMPA-IM during the rollout of the program in Uganda. The popularity of injectables motivated them to participate. FHI 360 also found that DSOs appreciated the opportunity to train women on how to self-inject because they felt the product's popularity would increase general patronage of their shops.

However, the need—as well as potential impact—of working with drug shops to increase the uptake and continuation of modern contraception depends on several factors. These include the demand for injectables and other short-term methods that drug shops offer, the prevalence and geographic distribution of drug shops relative to FP clients, and how well other channels are meeting the demand for FP. The ability to implement a program includes a consideration of need to expand the provision of FP injectables in drug shops; feasibility may also be dependent on the policy and regulatory environment, the business case for DSOs to coordinate with the national FP program, and the acceptability to communities.

Key steps in determining feasibility and need

1. Establish a core team to champion the initiative. This should be a small group of representatives from the public and private sectors who are interested in introducing and advocating for DSO provision of injectables. Team members may be drawn from existing FP or reproductive health working groups and should include representation from the MOH and the regulatory body that oversees the sale of pharmaceuticals and drugs.
2. Know the evidence base, including local and globally implemented studies on the role of drug shops as FP providers, the introduction of injectables in community health programs and drug shops, and the evidence on self-injection.
3. Assess the policies and regulations that govern private drug shops or drug sellers and their employees, particularly whether drug shops are legally authorized to sell and provide injections and what criteria they must meet.
4. Have national stakeholders establish eligibility criteria for drug shops to participate in the program to expand their method mix to include FP injectables and SI. These criteria may include such items as meeting national regulations for education requirements of the DSO.

Tools for understanding where women access contraception and for using data visualization to inform advocacy

Private Sector Counts (https://www.privatesectorcounts.org/)

Private Sector Counts uses demographic and health survey data to illuminate the important contribution of the public and private sectors to sick-child care and FP service delivery. Users can explore if and where women obtain their FP method. This tool is intended to provide donors and program implementers with the data they need to advocate for country programs using a total market approach.

Family Planning Market Analyzer (http://fpmarketanalyzer.org/)

The Family Planning Market Analyzer combines data from demographic and health surveys and Family Planning (FP) 2020's projections of modern contraceptive prevalence to allow users to explore potential scenarios for a total market approach. The tool can be used to inform discussions by providing key results linked to probing questions.

5. Identify the number and locations of registered drug shops that might benefit from expanding their method mix to include injectable contraceptives (see text box below).
6. Determine what motivates DSOs and drug shop operators to expand the FP services they offer. This can be done through a qualitative study or through interviews with a few owners and operators.
7. Determine the level of support from the district health office and local health facilities for the idea of DSO provision of injectables and self-injection. Determine how to overcome any obstacles to gain their support.
8. Select drug shops from among those that meet eligibility criteria. This can be a challenge and should be done in consultation with the local health office and health officials, and the regulatory body responsible for overseeing the sale of pharmaceutical products (such as the National Drug Authority or Food and Drug Agency). See component 6 for more information on selecting drug shops.

The East African Drug Seller Initiative program used some of the following criteria to evaluate districts for initial implementation of this practice:

- Adequate number of shops to work with
- Preferably none or few pharmacies in areas where the initiative is to be implemented; recommended areas are predominantly rural and underserved
- Preferably none or few current donor activity/projects; helps assure the initiative has attention of district leadership
- Local drug shop association, which is helpful for self-regulation, mobilization, and advocacy
- Existence of registered wholesaler within region to ensure registered drugs are purchased at reasonable prices
- Availability of a place to provide training in the district

Feasibility is grounded in community perspectives on FP provision in drug shops

From qualitative research led by FHI 360 in communities where drug shops are offering FP care, we found that drug shops are widely considered a feasible and acceptable way to obtain FP (Lebrun et al. 2019). We also learned that the factors important to drug shop users include having a DSO who lives in the community and has been running their shop for some time and observed cleanliness and organization of the drug shop environment. Length of time running the shop, cleanliness, and proper storage of products were all criteria for the selection of eligible drug shops in Uganda.

"They are people we live with and we trust them so much more than in other places like facilities where they bring a health worker and after one year they transfer her and bring another one and that delays cooperation; but the DSOs are ours and they come from within, and every time you need services you obtain it..there are not many changes and they keep our secrets."

Male, Southwest region, 25–49

"Our DSO is very nice, and she has a very organized drug shop that has quality drugs. Both men and women come to her drug shop for treatment and family planning services. She even shows you the injection that she is going to use and sometimes asks you to verify that it's new and shows the expiry date. After using it she throws it in a container."

Female, East Central region, 25–49

Success factors for determining feasibility

A successful program requires a supportive environment among leadership at the Ministry of Health, district health offices, DSOs, and clients themselves. This is bolstered by a task force or working group at the national level that continually engages stakeholders. Key success factors for determining feasibility are:

- Have a collaborative and engaged core team of community leaders, district health officials, and public facility health workers to conduct the assessment.
- Understand the motivations of stakeholders and align plans with them (as much as possible) for the program's initial roll-out, assessment or evaluation, and scale-up.
- Find drug shops that meet eligibility criteria, provide FP methods, and are motivated to participate.
- Provide special authorization for DSOs if current policies do not allow them to provide injections and/or train women on self-injection.
- Availability of public facility health workers with experience supervising lower-level health cadres, such as CHWs.
- Ensure a stable supply chain for drug shops to obtain injectable FP commodities (DMPA-IM, DMPA-SC) once the program commences.
- Engage district health officials at all levels and stages.
- Engage potential end-users and community leaders to understand the demand for FP injectables at drug shops.

Component 2

Evaluate the potential costs for adding DSO provision of injectables and SI to community-based FP services

Component 2

Evaluate the potential costs for adding DSO provision of injectables and SI to community-based FP services

Although private sector drug shops are for-profit businesses that do not need to be subsidized, there are costs to improving their integration into the public health system and ensuring the quality of their services as they expand FP options. The costs for expanding the method mix in drug shops will be driven by a range of factors including the model for training and supervision, materials needed, program management requirements, and geographic location of the program. Given that drug shops should not require direct financial support to offer FP after the introduction of the program, maintenance costs for regulatory oversight, routine reporting and refresher training should be minimal.

Key steps for evaluating costs

1. Determine the full range of costs a program needs to consider for start-up and maintenance phases, and how some costs can be integrated into the drug shops' existing business model.
2. Identify funding to start up the service.
3. Estimate costs of sustaining and scaling up the program.

Determining the full range of costs will vary by country and region. Training and supervision are likely to be some of the most important and substantial costs during start-up and scale-up of the program. To ensure consistent, high quality FP services are delivered, it is recommended to provide a comprehensive FP training for all drug shops that participate and make the completion of the training a requirement for inclusion in the program. There may be costs associated with training curriculum development. National level stakeholders decide the length and content required for the training based on the current standards for drug shops or drug sellers and the eligibility criteria they set. Although drug shops are private businesses, offering this training at no charge to them helps offset the time they are away from their business.

Leveraging other meetings and trainings to reduce costs

In some countries there may be more opportunities to leverage meetings of the DSO association or regulatory body to provide training in FP. For example, one study in Nigeria reported the local pharmacy council provided continuing education to patent medicine vendors every two years and member associations met monthly with a majority of members attending (Oyeyemi et al. 2020).

Supervision by experts and stakeholders is just as critical to establish an FP program that includes injectables and SI at drug shops. In most contexts, there will already be some supervision of drug shops carried out under the national agency or authority responsible for regulating drug and pharmaceutical sales. However, programs that expand the method mix in drug shops need to ensure that supervision can happen more frequently at first to ensure FP clients receive adequate counseling and quality services.

Ideally, all DSOs should receive some type of supervision visit every quarter. In a well-resourced FP program, current levels of supervisory visits at the district level are likely to be adequate. However, it is possible that the district or county supervision budget may see a moderate increase for DSO supervision. It is best practice for districts that are introducing a drug shop expanded method mix program to include drug shop supervision in their costed implementation plans. Supervision should be more intensive in the early stages (with longer and more frequent visits), followed by less intensive routine supervision once it is a "sustained" practice. Supervision is described in more detail in component 7.

Costs related to printing of materials and initiation of FP reporting include signs that show drug shops have been trained and are authorized to provide an expanded method mix, registers and flipbooks for the DSOs, and self-injection leaflets with calendars for clients who select DMPA-SC SI. With introduction efforts in other countries, not having this leaflet for SI clients caused delays with rollout. Eventually the costs of photocopying the leaflet and some of the other materials may be taken over by the DSO if they have enough revenue from providing this service.

Major costs checklist

- Stakeholder meetings
- Program management
- Monitoring, evaluation, and learning
- Community awareness raising (see component 4)
- Curriculum development
- Training of trainers
- DSO training
- Printing signs, job aids, registers, referral slips, reporting forms
- Stipend for midwife supervision/mentorship

Key costs in Uganda

Training
Training was the highest expense for the Uganda program. Once a group of trainers was established, holding localized trainings for DSOs using the MOH district FP trainers reduced costs almost 50 percent compared to centralized or regional trainings because the transportation and lodging costs were much lower. However, when expanding to new districts, centralized training was necessary for FP coordinators of those districts. Practical costs related to training also need to be considered such as transportation, materials, and consumables.

Program Management
Program management costs may include salaries for staff supporting the program, such as planning trainings, conducting supervision visits, and program monitoring, evaluation, and learning. Depending on context, tasks and costs associated with them may be shared between implementing partners and the MOH, or a drug shop professional association if it exists.

Commodities
The private sector supply chain for FP commodities varies by country context. In Uganda, drug shops identify wholesale pharmacies and commercial franchises from which to purchase FP commodities such as condoms, pills, and ECPs. However, DMPA-IM and DMPA-SC are currently only available for the public sector through the Alternative Distribution Strategy from the national Joint Medical Stores. Because DMPA-IM (Injectaplan) and DMPA-SC are not available on the commercial market, implementing partners play an essential role in supporting DSOs to order these commodities from Joint Medical Stores, and they incur the costs of this coordination. The Uganda Drug Shops Task Force facilitated the necessary permission for drug shops to obtain supplies through this mechanism and established a service fee of 1500 UGS per injection, as the commodities from Joint Medical Stores do not cost the drug shops anything.

Supervision Costs
Refresher trainings were incorporated into supervision because DSOs do not want to have to close their drug shops to attend training. On-the-job training and mentorship have proved effective and are absorbed into supervision costs. In Uganda, there are several levels of supervisory visits. The district FP focal person's involvement in supervision and the monthly visits from facility midwives are the only additional components to the routine supervision of drug shops.

Success factors for evaluating potential costs

- Reduce the costs of training when possible, such as using district trainers and sending existing trainers to scale-up areas to reduce costs.
- Consider using centralized trainings as they lower costs greatly.
- Plan and budget for the introduction phase, when training and supervision may be more intensive, and the maintenance phase, with refresher trainings and less intensive supervision.
- Do not assume that donors will pay for contraceptives, even if they are free for now. The costs should be tracked to inform scale-up.
- Include program management costs (i.e., salaries, other personnel costs) for proper planning.
- Include monitoring, evaluation, and learning costs (data collection tools, mentoring DSOs to perform data collection).

Component 3

Integrate DSO provision of injectables and SI into national policy and service guidelines

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Component 3

Integrate DSO provision of injectables and SI into national policy and service guidelines

National policy documents contribute to the success of health programs by ensuring that service delivery practices are understood, supported, and institutionalized throughout the health system. Policies provide high-level guidance on what health services should be offered, who should provide them, and where they should be provided. They also outline the specific roles, responsibilities, and limitations of various cadres of health workers. A supportive environment for expanding the method mix in drug shops may require a policy change or policy shift. Typically, the NDA and MOH must authorize and approve qualified DSOs to sell and administer DMPA-IM and DPMA-SC, and to teach self-injection.

Achieving approval to scale up in Uganda

After more than five years of advocacy through the National Task Force, formal approval to scale up and institutionalize drug shop provision of an expanded method mix—including injection and SI— has been achieved in Uganda. Since 2015, the MOH, the NDA, and implementing partners have been collaborating to study feasibility, develop a scale-up plan, and study the implementation of the first phase of the program to confirm its acceptability in communities and among FP clients as well as the functioning of new supervision, reporting, and referral procedures. In 2020, the MOH approved the practice of DSOs providing injections and SI services. In 2020, the NDA approved the nationwide scale-up of the practice, which expands upon the 20 initial districts involved in the first phase.

Key steps for integrating drug shops into national policy and FP service guidelines

1. Create an advocacy plan for increasing support for the practice that targets the concerns of stakeholders.
2. Advocate for policy change to endorse expanding the method mix of DSOs to include injectables and SI, if necessary.
3. Align national guidance documents to support DSO provision of injectables.
4. Obtain a waiver or written permission from the MOH to launch the program, if the policy allowing the practice remains in progress or under review.
5. When policy has changed, work with stakeholders to jointly plan and implement scale-up.

Maintaining services throughout the policy change process

In Uganda it was realized early on that policy change was not going to happen by the end of the program's first phase and the implementation science study. Therefore, the task force worked with the MOH to obtain permission to continue service provision in the project area until policy changed. This was communicated with local health officials, health facility staff, DSOs, and others involved in implementation so that everyone knew that DSOs could continue to provide injectables as part of their method mix.

Examples of national guidance documents include regulatory policies, guidelines or service standards for sexual and reproductive health, FP training curricula and materials, supervision models, information systems such as the logistics management information system and Health Management Information Systems (HMIS), costed implementation plans, and community health policies. Specifically, FP and reproductive health guidelines need to indicate the cadre of staff in drug shops who can provide injectable contraceptives and train women on SI.

Uganda's policy shift toward formalizing DSO provision of injectables and SI

Through the Uganda task force, several policy and guidance documents have been updated. For example, the MOH- and NDA-approved DSO training curriculum includes DMPA-IM and SC but doesn't include SI yet. The districts have incorporated DSO supervision into their routine monitoring, and the HMIS reporting form has been updated to include DSO provision of FP. The current costed implementation plan update also includes DSO provision of FP, including injectables. The national sexual and reproductive health guidelines (2018) also mentions that nursing assistants—the minimum level of health service cadre in accredited drug shops—are eligible to offer injectable contraception.

Success factors for integrating drug shops into national policy and service guidelines

- Engage the MOH and NDA in advocacy and implementation.
- Have approved training curriculum and service delivery guidelines that include DSO provision of injectable contraceptives and SI.
- Review the technical language in medical eligibility screening checklists for DSO understanding to ensure tools will be used effectively at the community level.
- Amend clinical guidelines to remove barriers to provision of injectables in drug shops such as blood pressure measurement or a physical exam.
- Train facility staff and DSOs to report services from drug shops, preferably using the national HMIS.
- Engage the core team and invest in champions to build political will and advocate for the long-term.
- Include DSOs as a priority service delivery channel in the national costed implementation plans for FP.
- Include clear language that specifies the range of FP services that DSOs with the appropriate training or medical qualifications can provide.

Component 4

Mobilize the community and raise awareness about the service

ALICE OLAWO, FHI 360

Component 4

Mobilize the community and raise awareness about the service

Drug shops are an integral part of their communities and are well known as sources of short-term FP methods and other self-care products. Since they are a relatively new channel for offering an expanded method mix of services that includes injectables and SI, community members and other local health providers may lack clarity about the methods drug shops are authorized to sell and provide. Private drug shops may already sell DMPA but not administer injections, for example. SI will be a new service to both clients and DSOs. Whatever the context, it is essential that strategic community engagement and mobilization activities are implemented among community members and local health system stakeholders. The goal of these activities is to create demand for the services by increasing ownership, support, and buy-in among communities.

Having community support and generating demand before the practice is introduced is important for several reasons. The program will need to have enough clients for the practical component of the DSO training when DSOs practice FP counseling and give injections under supervision. Adequate levels of demand for FP in drug shops will also ensure drug shops continue to offer an expanded method mix. Lastly, when local health providers understand and support the role of DSOs, the referral system will function well. Engaging DSOs to expand their method mix is a form of task-sharing that helps improve efficiency.

Key steps for mobilizing the community and raising awareness

1. Engage district or county health officials, health facility staff, and district drug inspectors (or regulatory agents) to gain buy-in.
2. Develop a plan for conducting community-level mobilization and raising awareness before the practice is introduced.
3. Identify and engage community-level champions.
4. Coordinate and convene meetings to engage local leaders and conduct sensitization activities to promote the new service before, during, and after it is introduced.
5. Distribute signage to participating drug shops that indicate their status as FP providers.
6. If possible, produce and disseminate advocacy materials, such as leaflets and posters.
7. If possible, conduct mass media or social media campaigns.

Key stakeholders identified in Tanzania when developing their Accredited Drug Dispensing Outlet (ADDO) model:

- Government of Tanzania: Ministry of Health and Social Welfare, Ministry of Finance, Tanzania Food and Drugs Authority, Pharmacy Council
- Regional administration and local government: Regional Health Management Team, Council Health Management Team, Council Food and Drugs Committee, Regional Food and Drugs Technical Committee, District and Ward Drugs Technical Committee
- Development partners and funding agencies
- Professional associations: Pharmaceutical Society of Tanzania, Medical Association of Tanzania
- Consumer organizations
- Nongovernmental organizations
- Media

Before mobilizing the community, begin by involving district health officers, health facility staff, and drug inspectors or regulators early on and throughout the process to fully embed the new services within the local health ecosystem. If these actors are working together, community mobilization will be much easier; some of them may even become champions of the program. When local stakeholders understand the value of their supervisory role and as providers of higher-level care that DSOs are not equipped to offer, they will also be prepared to coordinate with the local drug shops and support their role as community-level FP providers. Specifically, the program will need to fully describe the referral process and how DSO provision of an expanded method mix is a form of task-sharing that supports increased FP coverage overall. DSOs are not providing a service to replace CHWs or health center services, but to complement those services. Additionally, when local stakeholders have a hand in the development of materials it is an opportunity to answer questions and address their concerns about quality standards, client referrals, reporting, or other aspects of the program.

Building bridges between DSOs and other health providers

An intervention in Nigeria trained patent medicine vendors to treat manageable childhood malaria cases and refer severe ones to facilities. This demonstrated the feasibility of even a paper-based referral system between DSOs and public sector services, resulting in 80 percent of clients following up with facility providers (Okeke et al. 2009).

Similar referral mechanisms could easily be applied to FP. For example, clinic providers could refer clients to DSOs (and vice versa) for refresher trainings in self-administration and calculating reinjection dates for DMPA-SC (Chin-Quee et al. 2018)

To raise awareness among community members, first involve community leaders in the design of communications and advocacy messages, which increases their ownership in the program. Their involvement and acceptance help communities embrace the new service. Community-level sensitization activities can range from simple gatherings to community drama events. The goal of these activities is to ensure that the expansion of the method mix provided by DSOs is explained accurately and tailored to the specific needs and desires of the community.

DSOs as community health service providers

A study in Tanzania explored improving maternal and child health by strengthening the links between community health providers including CHWs and accredited drug dispensing outlets and facilities to improve maternal and newborn health and recommended health campaign platforms include DSOs as a type of community health care provider. (Dillip et al. 2017).

Engaging community leaders

Identifying champions in the community and convening meetings with community leaders are both key steps for raising awareness. Communities that have experience introducing new or additional FP methods at the community level may be more open to the idea of working with drug shops to further their community health goals. For example, if there have been recent efforts to improve task sharing of short-acting FP method provision with CHWs, the community leaders who supported those efforts may be easily mobilized to spread the word about DSOs expanding and improving their FP services.

A lot of the groundwork for expanding the method mix in drug shops was done through previous efforts to expand the method mix for village health teams (VHTs). This endorsement went a long way in districts like Luwero, where leaders were very engaged with DSO provision of injectables and SI. They participated in both FHI 360 and PATH's work to introduce DMPA-SC and SI in the private sector.

Unexpected awareness raising

FHI 360 found that when community members witnessed officials from the district supervising their work, their confidence in the quality of FP at drug shops increased. Supervision of drug shops by district drug Inspectors and the NDA also raises awareness, builds confidence, and can generate demand.

Engaging community members

A community mobilization plan does not need to be complicated or resource intensive. Here are several examples of simple ways to promote new services in drug shops.

Word-of-mouth

When good communication about the service results in positive views and experiences, people will spread the word about accessing FP close to home via drug shops. Word-of-mouth referrals to drug shops often come from friends, family members or, in some cases, a CHW or a health facility.

Community radio

Some communities may use community radios, loudspeakers, and megaphones to share information with a village or small local area about health issues and local needs. In our program, some drug shops paid to use this type of community radio to generate demand for FP. The use of local media or even mass media should be decided by stakeholders based upon the needs of communities and the budget available for advocacy.

Shop signage

Providing signs stating that the drug shop is certified by regulatory authorities and the operator has been trained to provide FP has proved critical for building trust with clients. DSOs should be given signage after successfully completing the FP training. Even a simple laminated sign or certificate will do. In Uganda, DSOs reported that signage was good for community mobilization and gave them recognition as a trained provider that people could trust.

"All the selected drug shops in Busia district have a sign posted stating they are an accredited drug shop. It is working as an advert, and this has increased the number of clients greatly."

"When I first came to this place, I asked my friends where I could go for Injectaplan, and they directed me to the drug shop."

Female, East Central region, 25–49

"In most cases you find that drug shops have signposts showing that family planning services are available here. Another one is through the VHTs, when you go there and explain that I went to the facility and I spent the whole day and they did not [provide me with services]. She will tell you that if you would go to the drug shop the services are there."

Male, Southwest region, 25–49

Success factors for mobilizing the community and raising awareness

- Generate local-level support before launching a program.
- Engage your audience to develop tailored advocacy messages as needed.
- Involve community leaders, VHTs, men, and boys early in the program (too often programs assume they are not interested in FP discussions).
- Capitalize on formal and informal communication models, including community radio, mass media, posters, and interpersonal communication.

Component 5

Ensure a logistical system that supports proper waste management and a steady provision of supplies

Component 5

Ensure a logistical system that supports proper waste management and a steady provision of supplies

Private sector businesses like drug shops manage their own logistical systems, which may differ significantly from the public sector's supply chain and logistics. They ordinarily buy their stock from wholesale pharmacies or drug distributors. However, to ensure a steady supply of DMPA-IM and DPMA-SC, implementers must understand existing supply chains and develop plans for supply chain management, including sharps disposal. Ideally, a strong supply chain for drug shops to procure their FP commodities, including injectables, will already exist without further support. If the national logistics system for medical supplies is already supporting other community-based FP programs, it can support drug shops as well. Identifying and building relationships with people at the national level and in the project's locality who coordinate the supply of commodities is important. Stakeholders should discuss how supplies are distributed to health facilities at all levels and how supplies will be systematically distributed to DSOs, or otherwise procured by drug shops at reasonable prices.

Current logistic system for drug shops in Uganda

In the current system in Uganda, MOH promotes the one warehouse policy for FP commodities. All private service providers receive supplies from Joint Medical Stores. Because there is no active socially marketed activity in Uganda, the drug shops in the 20 pilot districts request through Joint Medical Stores with support of MOH and an implementing partner. All government/ public health service providers receive FP commodities from the National Medical Store. Due to advocacy through the task force, MOH with support from USAID authorized access to alternative distribution channels for products (DMPA IM and SC) managed by Joint Medical Stores for DSOs. DSOs offer these products free of charge to clients, but they charge a nominal fee to provide the injection (1,500 UGX).

Key steps for ensuring a logistical system that supports proper waste management and steady provision of supplies

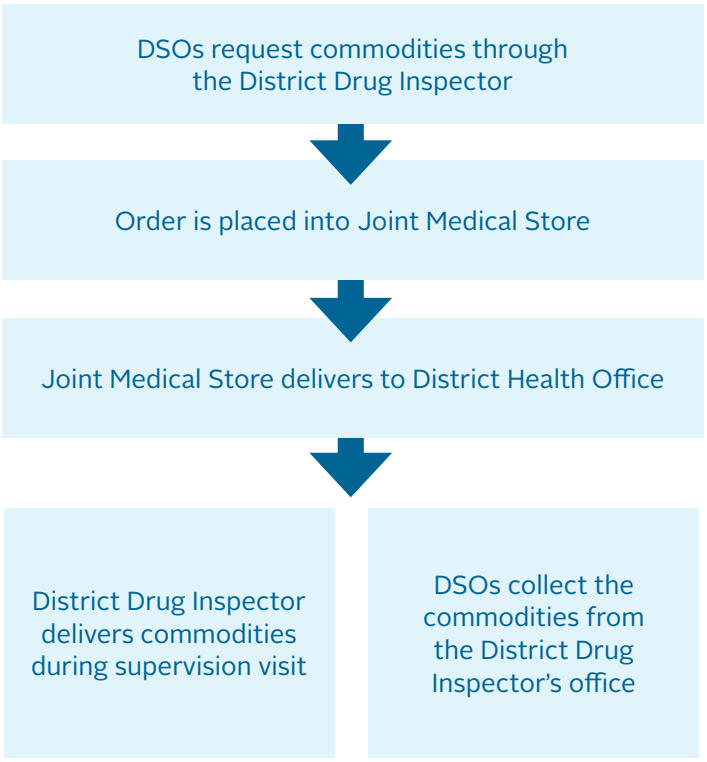
1. Identify and map an existing system that will reliably support logistics for DSOs for accessing injectables and managing waste.
2. Identify and engage the people in charge of the logistics system.
3. Connect the DSOs to health facilities for supervision, reporting and guidance on proper waste management.
4. Support DSOs to learn how to procure and maintain sufficient stock of all supplies.
5. Ensure timely submission of supply orders by DSOs and/or implementing partners.

Forecasting should consider special circumstances such as travel barriers, weather patterns (e.g., the rainy season), advance supplies, and supplies for training and practice. This requires some intensive mentoring in the beginning, when regular supervision visits help with the timely submission of supply orders. Supervision is also an opportunity for coordinators to reinforce concepts about the logistics system and to bolster the skills of the newly trained DSOs. For example, during the supportive supervision visits, adherence to correct storage guidance can be checked, and proper sharps disposal can be reinforced.

The role of public health facilities in the logistics system

Programs to expand the method mix in drug shops to include injectables and SI must consider where and how sharps will be disposed. In Uganda, every drug shop providing FP is linked to the nearest government health facility for reporting, support, and waste management and disposal. Most often this is a Health Center III, and the main point of contact is usually a midwife or nurse who provides FP. When it comes to waste management, DSOs deliver filled sharps boxes to their point of contact for incineration at the health center. DSOs are also given FP registers and submit monthly reports to the health facility for inclusion in the national HMIS.

SUPPLY CHAIN OF COMMODITIES IN UGANDA



Success factors for ensuring a logistical system that supports proper waste management and steady provision of supplies

- Define and cultivate the relationships between the DSOs and the local health facility for supervision, reporting, and waste management.
- Consider all supplies needed for training, practicum, and the new service (e.g., cotton, sharps boxes, soap and water, DMPA-IM, DMPA-SC, training dummy for potential self-injectors to practice [a condom filled with sugar or salt]).
- Support DSOs with forecasting and procuring commodities during the start-up period to avoid stock-outs.
- Have supervisors check in with DSOs routinely about ordering stock and proper waste management practices.
- Ensure drug shops are not too distant from the health facility or location where they take filled sharps boxes.
- Reinforce stocking and waste management during supervision visits (see component 6 for more information).

Component 6

Train DSOs to provide the service

SIGA DIOP, FHI 360

Component 6

Train DSOs to provide the service

DSOs will almost certainly have prior FP knowledge and experience. Still, to provide high-quality FP services through drug shops and introduce new concepts like routine reporting, it is important that DSOs go through a standard training curriculum including FP knowledge and skills sensitive to the local context. This includes client-centered service delivery, managing supplies, making referrals, and adhering to reporting requirements.

Key steps for training DSOs

It is important to have clear, written criteria for selecting distributors to provide injectable contraception. Together with stakeholders, project coordinators should:

1. Identify competent and eligible DSOs.
2. Use the approved training curriculum and job aid for DSOs,or adapt an existing curriculum.
3. Identify and orient competent trainers.
4. Procure training materials.
5. Mobilize clients for the practicum.
6. Conduct the training.
7. Support DSOs to gain skills in referrals and record keeping.

Stage 1: Identifying eligible drug shops

Program eligibility criteria must be determined by the national stakeholder group advocating for drug shop FP provision. Criteria include compliance with national regulations, and may include specifics that make the program easier to manage, such as proximity to a health center for supervision and mentorship.

Sample criteria include:

- Licensed by the NDA or equivalent regulatory authority
- Is a registered business
- Provides FP services
- Run by a trained health worker
- Has a client space/waiting area

Definition of eligible DSOs in Uganda

Nursing assistants are the lowest cadre that can operate a drug shop in Uganda. To participate in the injectables and SI program, they should have a minimum of one-year experience in a drug shop and should have attained an Advanced-Level Certificate of Education. Preference was given to shops where the operator had a certificate or diploma in a medical field (e.g., nursing, midwifery, orthopedics, or clinical officer).

Identification of drug shops must be done collaboratively with the local health office and the local representative of the national drug authority or agency, using a register or official listing of drug shops. It is critical to listen to the health office's priorities and be flexible. For example, considering proximity to a health center can reduce barriers to routine reporting and supervision. However, there are trade-offs to consider. Although it is more convenient to work with drug shops close to a facility, they may not be in the most hard-to-reach areas or those with the greatest need for FP services.

Stage 2: Readiness assessment

Eligible drug shops are visited and assessed to determine if they:

- Are motivated and willing to offer injectable FP methods
- Have infection prevention mechanisms such as hand-washing areas and sharps containers
- Have clean premises and offer a privacy area

Conducting an assessment is a chance to verify that listed drug shops still meet eligibility criteria or can be brought into compliance, and that they desire to participate. It is an opportunity to meet the operator, learn if the shop is run by the owner or an employee, assess cleanliness, and see the physical location. Some shops may not have chairs for clients, a private area for consultations, or a hand-washing station with soap, for example.

In Uganda, the assessment is conducted by the District Health Team, the NDA, and other implementing partners. Assessment results are used to make an improvement plan for drug shop operators that are qualified to participate but lack some of the necessary supplies. Drug shops that participate build capacity and many report that it improves their relationship with the community, the district health team, and the NDA.

When assessment results are reviewed, some drug shops may not be eligible for participation. It is recommended that programs do not include drug shops that lack motivation to participate or are selling drugs for which they are not authorized. If drug shops are registered but have not renewed their licenses, the program may support them to renew the license or select other drug shops.

Stage 3: Preparing the training

Training is an opportunity to establish DSOs as FP providers who are integrated into the local health system, so make sure local stakeholders are present for part of it. Introduce DSOs to the local CHWs who provide FP, as they are providing similar services and could refer clients to each other if they stock out of a method. CHWs should be aware of the training so they know DSOs are trained and authorized to provide FP injectables safely. In some cases, training could even be combined for DSOs and CHWs. Plan training to last no more than a week, including practicing injections, since DSOs cannot be away from their business for a long time. Use the initial training as an opportunity to organize the DSOs for implementation. Those with smartphones could form a WhatsApp group.

Steps to prepare:

- Identify regional FP trainers, preferably in each of the districts where training is to be conducted, and high-volume facilities for the practical component.
- Invite stakeholders who are involved (e.g., district health staff, facility-based personnel, drug inspectors and regulators, CHWs) and DSOs.
- Prepare for facility and materials needed for the practical component.

Stage 4: Theoretical training

DSO training should be carefully adapted to their needs and context. In Uganda, a FP training curriculum and job aid for DSOs were developed and endorsed by the MOH and NDA in 2018. Although the training was adapted from the national CHW curriculum, it has some sessions tailored to DSOs such as the ethics, laws, and regulations for DSOs. For the SI component, stakeholders decided to use the curriculum developed by PATH. The theoretical training lasts three days, followed by the practicum.

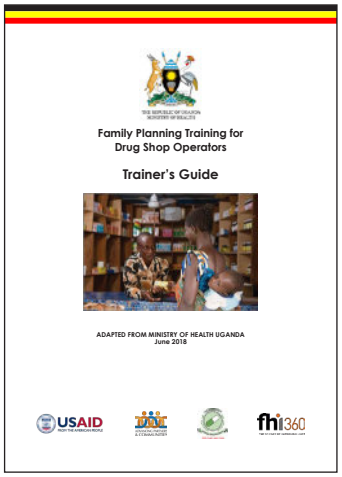
Key requirements:

- Develop a MOH-approved FP training curriculum for DSOs or adapt from relevant curricula, such as CHW training
- Include SI training materials if self-injection by DSOs is allowed
- Use high quality resources that have already been developed, such as videos on DMPA-SC provider administration and SI
- Have all materials printed, such as registers, job aids, SI leaflets, reporting forms, and laminated signs/posters for drug shops

Training curriculum

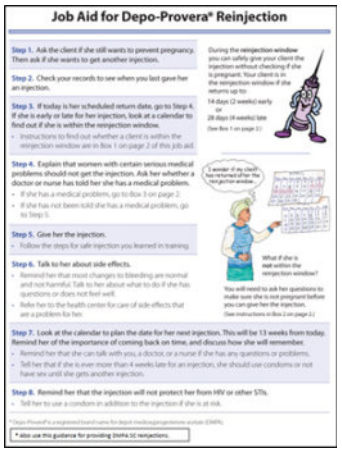
The curriculum should give a synopsis of each topic, the learning objectives for each training session, materials and preparation needed, detailed instructions for trainers, suggested adult learning methods, and suggested time for each session.

The curriculum should have materials for the trainers and the participants, but trainers may augment the following suggested materials with any other materials deemed necessary for their context.



Trainer's Guide: For trainers. Provides instructions on how to conduct activities and which resources are needed.

Reference Manual: For trainers and participants. Provides information that DSOs need to know and includes materials used during the course. Give each participant a copy at the beginning of the training.



Job Aids Booklet: For use by DSOs during training and at their shops. It contains job aids for the various tasks that DSOs are expected to conduct. It is used during training as participants learn and practice new tasks.

Stage 5: Practical training

The practical component needs to be well organized. The trainer or program officer should ensure that the different procedures each trainee is expected to carry out are clear, and each clinical skill is performed the required number of times.

Key aspects to be covered:

- Conducting informed choice counseling
- Using the screening checklist to determine medical eligibility
- Administering at least three injections of DMPA-IM and/or SC
- Following proper waste disposal
- Filling out the register, client card, and reporting documents correctly
- Referring clients to health facilities when necessary

Once the training is complete, the DSO should be provided with a certificate and/or sign that clearly states they are a certified FP provider.

Success factors for training DSOs

- Use a DSO training curriculum that has been adapted to meet the country's needs from existing proven curricula and training tools.
- Secure all the materials that DSOs require for the practicum and for immediate use after the training (e.g., job aids, registers, commodities, signage, and supplies)

- Identify sites for the practicum ahead of the training.
- Mobilize FP clients for the DSOs' practicum.
- Engage midwives from nearby public health facilities from the start in training and supervision activities.
- Plan refresher training opportunities. These can be formally organized for groups of DSOs, but often they are more informal through one-on-one mentorship and supportive supervision meetings. This helps with quality improvement and quality assurance activities.

Component 7

Establish or strengthen systems for supportive supervision

Component 7

Establish or strengthen systems for supportive supervision

Supportive supervision that is participatory builds on the skills learned during training, helping ensure the success of the program. While DSOs are used to receiving periodic supervision visits from the NDA or regulatory agency, they most likely have not received this type of hands-on supervision designed to continually improve services. Participatory supportive supervision contributes to a lower workload in the end by helping DSOs understand procedures that are new to them, like using an FP register and filling out monthly summary reports.

Key steps for establishing systems of supportive supervision

1. Coordinate with stakeholders to plan for and provide supervision on a consistent schedule.
2. Identify who will provide regular supervision, including implementing partners, district officials, and facility staff.
3. Ensure supervisors are trained and available.
4. Build in follow-up with DSOs and health facility staff to discuss any issues.
5. Conduct on-site supervision shortly after DSOs complete FP training to check learning.

Types of drug shop supervision

DSOs who are expanding the method mix receive different types of supervision as explained below:

- *Regulatory supervision by NDA:* Focuses on licensing status, drug expiration dates, allowable drugs.
- *Service quality supervision:* Health officials, health facility midwives, and records officers supervise drug shops providing injectables. This expands upon existing district level supervision and is built into the district or county quarterly supervision plan.
- *District level supervision:* Takes place on a quarterly schedule. Depending on context, the local district or county health office may or may not visit all drug shops quarterly.

Who conducts supervision?

During supportive supervision visits, DSOs reinforce their learning; increase their ability to provide comprehensive, client-centered counseling; and improve their infection prevention, logistics management, and reporting. Balancing the importance

of supervision and the scarcity of resources, the local level health office helps determine who conducts service quality supervision based on availability and practical considerations. Depending on resources available, different models may be used for carrying out supervision and taking the program from a more intensive start-up phase to a maintenance phase. Implementing partners may provide logistical support for the supervision, especially for the transportation of the health facility midwives. At the start-up phase, partners may also step up to provide additional supervision visits while DSOs are new to the service.

Innovative approaches to supervision

Several variations on traditional supportive supervision for drug shops or sellers have been documented, including engaging more experienced peers to provide support, public-private collaborations with professional associations to conduct some monitoring of their members, and using technology to keep DSOs connected with supervisors. These pragmatic approaches acknowledge that limited supervisory capacity for health services exists in the public sector. Whoever performs supervision, it is important to approach supervision with a mentorship mentality rather than a model that tries to find fault or penalize DSOs.

Peer supervision

In Uganda, an expert DSO peer supervision network was tested with success. Expert DSOs were selected from among high-performing DSOs who had been providing the expanded FP method mix for more than a year. They were mentored to build the capacity of peer DSOs who were beginning to provide injections and SI. FHI 360 worked with 40 expert DSOs to provide more opportunities for peer-to-peer learning and reduce the burden on the midwives. They worked with the supervising midwives and district drug inspectors to conduct supportive supervision and received a transportation stipend based on the amount of travel required.

Following the first year of successful implementation in Uganda, nearly 80 percent of newly trained DSOs were supervised by experienced “expert” DSOs under the Catalytic Opportunity Fund in 2019. This model saved costs and created a network for peer support that is a strong foundation for a more sustainable community-based health system that can meet the demand for FP services.

Drug shop associations

In settings with DSO associations that recognize the value of expanding FP services, these groups can help facilitate supervision, reporting, and logistics. Associations may share supervisory responsibilities with health workers and health officials or take on some responsibility for self-regulation if health officials agree. A study in Nigeria found government regulators lacked adequate staff and funding to routinely monitor patent medicine vendors. Patent medicine vendor associations played a role in regulating and monitoring members, and this approach was well received by government regulators. When asked how associations could be strengthened to support the goals of the various regulatory agencies, the regulators primarily responded that they should be

provided further training and education so they could become familiar with key regulations and better understand why these regulations should be followed (Oyeyemi et al. 2020).

Telecommunications for enhanced supervision and support

Digital technologies and telecommunications can also be used to provide supervision and technical support to DSOs. In Uganda, district-specific WhatsApp groups were piloted to supplement supervision and support resupply requisitions during Catalytic Opportunity Fund activity. Thirty percent of the trained DSOs had smartphones with WhatsApp capability. Groups included the district drug inspectors, DSOs, assistant district health officers, stores officers, and supervising midwives. DSOs used their WhatsApp group to share knowledge, support each other, and share any updates.

Similarly, patent medicine vendor associations in Nigeria communicate with members through phone calls and text messages on their personal phones in addition to in-person shop visits. Leaders reported sharing information about upcoming meetings, business, and training opportunities, MOH guidelines, lists of approved drugs, information and educational materials, and information on upcoming visits from regulators (Oyeyemi et al. 2020)

Success Factors for establishing strong supportive supervision

- Recognize the critical role of supervisors and support them with time, training, and transport allowances.
- Supervise DSOs to reinforce voluntary and inform choice FP counselling, include potential side effects.
- Supervise DSOs on skills that may be new to them, like calculating the reinjection date for injectables and sharps disposal procedures.
- Include supervision on how to complete FP registers and report forms, include referral forms, to improve coordination with the health system.
- Ensure supervisors discuss skills and procedure in a friendly manner and help DSOs with any challenges related to their FP services.
- Use creative solutions to expand supervision capacity, like working with professional associations, consider peer mentorship, and use cell phones to provide support between visits.

Component 8

Document and share processes and outcomes

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Component 8

Document and Share Processes and Outcomes

In any health program, monitoring progress and documenting successes, challenges, and lessons is imperative. Monitoring, evaluation, and learning (MEL) should be contemplated and incorporated from the design stages of the program, ensuring that it is streamlined with activities to reduce the workload on DSOs, health workers, and health officials.

Key steps for documenting and sharing processes and outcomes

1. Develop a MEL plan that includes process indicators and outcome indicators, and a data collection plan. Indicators for program monitoring should be agreed upon by stakeholders and harmonized with national FP indicators.
2. Align MEL plan with the national HMIS and the district health office, including supervision and monitoring visits. Supervision and the collection of monitoring data can be done at the same time.
3. Train and reinforce training on how to use data collection tools, such as registers and referral forms.
4. Practice data use by sharing findings and learnings.
5. Develop a dissemination plan including local and national stakeholders.

ILLUSTRATIVE INDICATORS

Indicator	Indicator definition	Data source	Indicator type
Number of FP users receiving FP methods from DSO	A unique count of the number of FP users who receive FP methods from the DSO in a given period (disaggregated by: age, sex, method, parity, new/revisit)	DSO FP register	Output indicator
Percent of FP users returning to the DSO for resupply of FP methods	Percent of FP users who return to the DSO for scheduled resupply of FP methods in a given period (disaggregated by: age, sex, method, parity, new/revisit) Numerator: Number of FP users returning to the DSO for resupply of FP methods Denominator: Number of FP users expected to return in a given month	DSO FP register	Quality indicator
Percent of FP users adequately counseled on FP side effects by the DSO	Percent of FP users who receive adequate side effects counseling from the DSO in a given reporting period Numerator: Number of FP users adequately counseled on FP side effects by the DSO Denominator: Total number of clients interviewed in the reporting period	Client satisfaction interview sheets/DB	Quality indicator

Indicator	Indicator definition	Data source	Indicator type
Percent of DSOs reporting their FP data to the catchment public health facility on time	A unique count of drug shops that summarize and report their FP data to their catchment public health facility on time to be included in the HMIS105 form Numerator: Number of DSOs that summarize and report their FP data to their catchment public health facility on time Denominator: Total number of DSOs providing FP services in the reporting period	Supervision checklist	Intermediate outcome indicator (health system strengthening)

Client satisfaction data

Collecting client satisfaction data was done at the time of quarterly supervision during the first year of implementation in Uganda. Interviewing or surveying a small sample of clients enables programs to assess the quality of services and informed choice FP counseling.

Observation or mystery clients are also commonly used for assessing and studying the quality of services, but these methods require significant time and resources. It was less burdensome on the program to conduct a telephone survey with five to 10 clients who had previously given permission to be contacted. Feedback from client satisfaction interviews can be used to reinforce the technical support supervision. In the first year of implementation, we found that most clients felt well counseled and remembered learning about several FP methods.

Harmonizing reporting with the national HMIS

As part of their FP training, DSOs learn data recording practices that mirror what facility-based FP providers and CHWs do: use a client register, a referral register, and return cards. DSOs also compile data monthly using a summary form, enabling the program to track process indicators and respond to the desires of national stakeholders. It is important to MOHs that data is captured and reported to improve the understanding of community-based FP service coverage. This requires tallying client numbers monthly by method and filling out a summary form, which will be entered into the HMIS. In Uganda, the local health facility enters drug shop FP data into their HMIS report. As a result of recent revisions by the MOH, new HMIS reporting tools have indicators for each FP method provided by DSOs. Getting the data entered consistently into the national HMIS is an important first step for data use. Having drug shop FP data will provide the MOH a more complete picture of FP uptake and utilization.

To ensure timely, high-quality reporting, continuous support is needed. Therefore, on a quarterly basis, supervisors are responsible for reviewing data quality and discussing how to improve it with the DSOs. During supervision, they also verify that summary reports are completed on time at the beginning of each month.

Then, midwives are encouraged to provide monthly coaching, which involves documentation and reporting. Intentionally reinforcing data recording and data quality at every opportunity will help establish the practice of always recording client FP visits, and compiling and submitting monthly summaries.

Data feedback loop

It is important to share process and outcome data with DSOs and stakeholders. Implementers want to know what is working and not working; donors want to know how support is leading to increased service delivery; and policymakers want to know the potential of expanding FP care in drug shops and whether there are any risks. In Uganda, implementing partners regularly sharing with the MOH and the Drug Shops Task Force also resulted in strong support for expanding the method mix in drug shops.

Sharing monitoring data and lessons learned with DSOs is equally important to keep them engaged, reinforce their training, and help them overcome challenges they encounter so they are empowered to provide excellent care and timely, accurate reports. Peer-to-peer learning among DSOs helps them improve FP care. This can be facilitated by having local groups of DSOs meet periodically, especially in their first year of providing expanded FP services and coordinating with the local health system.

Success factors for documenting and sharing processes and outcomes

- Plan and budget for monitoring and evaluation from the start.
- Ensure that reporting tools and processes are simple and align with public sector timelines and indicators.
- Develop pre-determined, quantifiable indicators to measure processes and outcomes from the beginning.
- Spend time needed to train DSOs and supervisors on proper record keeping.
- Create a dissemination plan for sharing findings and lessons learned that includes national and local stakeholders.
- Disseminate information in different formats to suit the audience.

Component 9

Ensure successful scale-up

Component 9

Ensure successful scale-up

The purpose of scaling up the expanded method mix, including injectables and SI, in drug shops is to increase access to and reduce unmet need for FP. Many of the previous program implementation steps are designed with this view in mind and are meant to be flexible, allowing programs to adapt the design to best fit national and local needs.

Scale needs to be both horizontal for purposes of building capacity and expanding the reach of the program, and vertical to institutionalize the practice of drug shops offering FP in coordination with the public health system (WHO 2010).

Horizontal scale-up *has been in process in Uganda over the past two years. In the first year, 115 DSOs had been trained across 20 provinces; by the end of year two, over 300 DSOs had been trained. However, considering the number of drug shops, this is a small percentage. The potential to increase scale and impact of an expanded method mix is great.*

Vertical scale-up *has also been taking place through the Drug Shops Task Force and ongoing collaboration with the MOH and NDA. These bodies helped to develop and approve the training curriculum for DSOs and participated in ongoing evaluation of the practice until a policy decision for DSOs to offer contraceptive injections and SI was made in December 2020 to authorize national scale-up. A key achievement was the revision of the national health information reporting form for FP, called the HMIS 105. Separate fields were added for drug shop FP data, which will enable the MOH to monitor and evaluate the provision of FP through drug shops over time and the impact of scaling up provision of an expanded method mix.*

Many of the key steps involved in scale-up, and the success factors that enable scale-up and sustainability of community-based interventions, are known. First, stakeholders determine that the initiative is scalable in a sustainable manner. In some cases, changes or adaptations may be needed to overcome resource constraints or barriers to uptake (see example of adaptation in text box). Then, in geographic areas where the expansion of the DSO initiative takes place, the previous components of mobilizing the community, training DSOs, strengthening logistics and supervision systems, and carrying out monitoring and evaluation will be repeated. The best practices for each of those components continue to apply during scale-up, but expanding an initiative to more drug shops and additional geographic regions requires additional coordination.

Example of sustainability and scale-up in Oyam District, northern Uganda

Sustainability and scale-up go hand in hand. One key factor that may limit horizontal scale is the increase in the district's quarterly supervision visits to drug shops. In Oyam District, the district health officer made it mandatory for the assistant district health officer and the district drug inspector to include drug shops in their supervision plan and the accompanying budget request. This ensured the local health system and participating drug shops were committed to accountability. Oyam District has reported capacity to expand supportive supervision to more drug shops once they are trained.

Success factors for ensuring successful scale-up

To prepare for horizontal scale-up, collaborate with the stakeholders who make up your "core team" from Component 1 to plan for scale-up and follow the plan over time, assessing progress periodically and making adjustments as needed. Consider the geographic locations of current drug shops, other community-based FP programs, and the knowledge assets that exist. Understanding where the need for the expanded method mix at drug shops is greatest and differences in local contexts may require more coordination with new regional and local stakeholders. For example, you may need to support licensing and registration for DSOs located in hard-to-reach areas because communities with a robust network of health facilities will not have as great a need for drug shop FP services. As new partners become involved, experienced partners must help them understand how the program has been implemented. Core team members, district-level health officials, and exemplary DSOs may champion the initiative to bring their peers on board.

Vertical scale-up may be ongoing at the same time that horizontal scale-up happens. Achieving the vision of a more integrated community health system with greater access to FP services requires both. Flexibility is key; though timelines may not always go as planned, policymakers will take steps toward institutionalization when they see a scalable model for working with DSOs that is supported by evidence from the monitoring and evaluation of the first phase. To show that the initiative is scalable, best practices include: defining training and supervision models that distribute responsibility among the NDA or regulatory agency, the MOH, and implementing partners; demonstrating strong connections between participating drug shops and the local health system; and introducing the review of drug shop FP data at district-level review meetings and the national level.

Conclusion

In this handbook, nine components needed to establish a program to distribute injectable contraceptives through private sector drug shops were laid out. This endeavor to offer step-by-step guidance is based on field experience with community-based access to injectables, but it is important to reiterate that the components are not necessarily sequential. Each country and program will need to carefully review the steps proposed in this handbook and adapt them.

Ultimately, working with drug shops to implement the High Impact Practice of expanding their FP method mix is helping to build a more integrated, responsive, and resilient community health system. Private sector drug shops are important contributors to the health system and have the potential to reach clients in need of FP services. It is hoped many more communities will benefit from their success as FP programs adapt the implementation guidance in this handbook.

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